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PTO/SB/21 (04-04)

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Application Number 10/743,856 TRANSMITTAL Filing Date December 22, 2003 OCT 1 8 2005 پر FORM First Named Inventor Rafael L. Espinoza Art Unit 1621 (10 be used for all correspondence after initial filing) **Examiner Name** Jafar F. Parsa Total Number of Pages in This Submission Attorney Docket Number 1856-24401 (9600.0-01)

ENCLOSURES (check all that apply)										
▼ Fee Transmittal Form		☐ Drawing(s)			☐ After Allowance Communication					
Fee Attached		Licensing-related Papers			to Group					
	Amendment/Reply				☐ Appeal Communication to Board of Appeals and Interferences ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
☐ After Final	☐ After Final		o Convert to a last call Application	1						
☐ Affidavits/declaration(s) ☑ Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address			☐ Proprietary Information					
								Express Abandonment Request		☐ Terminal Disclaimer ☐ Request for Refund
☑ Information Disclosure Statement			identify below):							
☐ Certified Copy of Priority Document(s)		☐ CD, Number of CD(s)			PTO Forms SB/08 (2 p.); Seven (7) included references; receipt postcard					
Response to Missing Parts/ Incomplete Application					пошиси гезогонось, гесегрі розгой и					
Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Or Individual Name	Beatrice C. Ortego – Reg. 54,350									
Signature	Scatuce C. Otto									
Date	October 13, 2005									
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Effective on 12/88/04 es aureant to the Consolidated Appropriations Act Effective on 12/08/04. Complete if Known pplication Number 10/743,856 **FEE TRANSMIT** ing Date December 22, 2003 OCT 1 3 2005 For FY 2005 st Named Inventor Rafael L. Espinoza xaminer Name Jafar F. Parsa Applicant claims small entity status. See 37 Ct 1.27 Art Unit TOTAL AMOUNT OF PAYMENT (\$)300.00 Attorney Docket No. 1856-24401 (9600.0-01)

METHOD OF PAYMENT (check all that apply)										
Check	Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number:: 16-1575 Deposit Account Name: ConocoPhillips Company										
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FEE CALCULATION										
		FXAMINATION FE	FS							
	BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES				ΕΥΔN	EXAMINATION FEES				
Application 1		Small Entity Fee		Small Entity	Fee (S		Fees Paid (\$)			
		Fee (\$)	100 (4)	Fee (\$)	1-66 (Fee (\$)	rees raiu (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	C	0				
2. EXCESS CLAIN	M FEES			·			Small Entity			
Fee Description Fee (\$)										
Each claim over 2	0 (including Re	issues)				50	25			
Each independent claim over 3 (including Reissues)						200	100			
Multiple depender	nt claims					360	180			
Total Claims	,	Extra Claims	Fee (\$)	Fee Paid (\$)	<u>Multi</u>	ole Dependent Cl	aims			
20 or HP = x = <u>Fee (\$)</u> <u>Fee Paid (\$)</u>										
		ims paid for, if great								
Indep. Claims										
3 or HP = x _ = HP = highest number of independent claims paid for, if greater than 3										
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See										
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
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4. OTHER FEE(S) Fees Paid (\$)										
Non-English	Specification,	\$130 fee (no sma	ll entity discou	nt)		_				
Other (e.g., late filing surcharge): EXTENSION FEE FOR RESPONSE WITHIN FIRST MONTH \$120.00										
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT FEE 1.17(p) \$180.00										
SUBMITTED BY										
Signature	Reatur	i C. Oils		istration No. omey/Agent)	54,350	Telephone (28	1) 293-4751			
Name (Print/Type) Beatrice C. Ortego Date October 13, 2005										
										

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